

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

7

Application Number

10/675,377

Filing Date

September 30, 2003

First Named Inventor

Jeyhan Karaoguz

Art Unit

2444

Examiner Name

Christensen, Scott B.

Attorney Docket Number

14970US02

## ENCLOSURES (check all that apply)

☒ Fee Transmittal Form  
(1 page, in duplicate)

☐ Fee Attached

☐ Amendment/Reply

☐ After Final

☐ Affidavits/declaration(s)

☒ Extension of Time Request  
(1 page, in duplicate)

☐ Express Abandonment Request

☐ Information Disclosure  
Statement

☐ Certified Copy of Priority  
Document(s)

☐ Reply to Missing Parts/  
Incomplete Application

☐ Reply to Missing Parts under  
37 CFR 1.52 or 1.53

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a  
Provisional Application

☐ Power of Attorney, Revocation  
Change of Correspondence  
Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD Number of CD(s) \_\_\_\_\_

☐ Landscape Table on CD

☐ After Allowance Communication  
to TC

☐ Appeal Communication to Board  
of Appeals and Interferences

☒ Appeal Communication to TC  
(Notice of Appeal, 1 page, in  
duplicate)

☐ Proprietary Information

☐ Status Letter

☒ Return-Receipt Postcard

☐ Other Enclosure(s) (please  
identify below):

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm

McAndrews Held &amp; Malloy, Ltd.

Signature

/Michael T. Cruz/

Printed Name

Michael T. Cruz, Reg. No. 44,636

Date

March 20, 2009

## CERTIFICATE OF MAILING

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Name (Print/type)

Michael T. Cruz

Registration No. (Attorney/Agent)

44,636

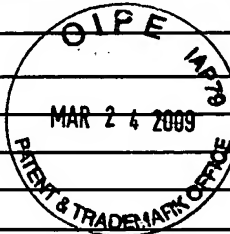
Signature

/Michael T. Cruz/

Date

March 20, 2009

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<p><i>Effective on 12/08/2004</i> Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).</p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2009</h3>		<p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/675,377</td> </tr> <tr> <td>Filing Date</td> <td>September 30, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Jeyhan Karaoguz</td> </tr> <tr> <td>Examiner Name</td> <td>Christensen, Scott B.</td> </tr> <tr> <td>Art Unit</td> <td>2444</td> </tr> <tr> <td>Attorney Docket No.</td> <td>14970US02</td> </tr> </table>		Application Number	10/675,377	Filing Date	September 30, 2003	First Named Inventor	Jeyhan Karaoguz	Examiner Name	Christensen, Scott B.	Art Unit	2444	Attorney Docket No.	14970US02
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TOTAL AMOUNT OF PAYMENT</td> <td>(\$)</td> <td>670</td> </tr> </table>				TOTAL AMOUNT OF PAYMENT	(\$)	670									
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METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) indicated below ☐ Charge Fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fees(s) ☒ Credit any overpayments  
under 37 CFR 1.16 and 1.17.

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Fee(\$)	Small Entity Fee(\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee	Fee Paid (\$)
_____ -20 or HP	_____ x _____	= _____				
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)			
_____ -3 or HP	_____ x _____	= _____				
HP = highest number of independent claims paid for, if greater than 3						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
_____ -100	_____ /50	_____ (round up to a whole number) x _____	= _____	

**4. OTHER FEE(S)**

	Fee Paid(\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): <u>Notice of Appeal (\$540); Petition for One Month Extension of Time (\$130)</u>	<u>\$670</u>

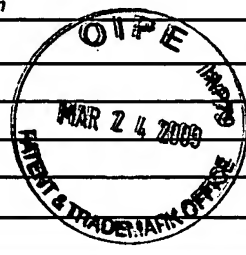
**SUBMITTED BY**

Signature	/Michael T. Cruz/	Registration No. (Attorney/Agent)	44,636	Telephone	(312) 775-8000
Name (print/type)	Michael T. Cruz			Date	March 20, 2009

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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